



OIL AND GAS TAX PAYMENT VOUCHER

North Dakota Office of State Tax Commissioner

69

Name:

Federal ID:

Period Ending: (Year/Month)

Form Type: (Check One)

- ☐ T12O = Original Oil Report
- ☐ T12A = Amended Oil Report
- ☐ T13O = Original Gas Report
- ☐ T13A = Amended Gas Report
- ☐ ASMT = Underpayment Billing Notice or Audit Assessment

Payment Amount:

(For Office Use Only)

Postmark Date: (mm / dd / yyyy)

PLEASE DO NOT WRITE IN THIS SPACE